

PART B - FEE(S) TRANSMITTAL

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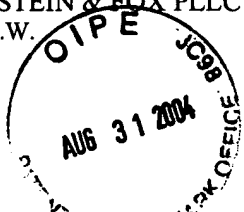
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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26111 7590 06/02/2004

STERNE, KESSLER, GOLDSTEIN & FOX PLLC
1100 NEW YORK AVENUE, N.W.
WASHINGTON, DC 20005



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/047,983	01/17/2002	John F. Carver	1823.0440001	3238

TITLE OF INVENTION: PLATEN HEATERS FOR BIOMETRIC IMAGE CAPTURING DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$800, 1,330.00	\$300	\$1,630.00	09/02/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
JEFFERY, JOHN A	3742	219-543000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Sterne, Kessler
Goldstein & Fox P.L.L.C.
1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cross Match Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Palm Beach Gardens, Florida U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 10

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(Authorized Signature) Reg. No. 54,179
Michelle K. Holoubek *Michelle K. Holoubek* 8/31/04

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09/01/2004 CNGUYEN1 00000006 10047983

01 FC:1501	1330.00 OP
02 FC:1504	300.00 OP
03 FC:8001	30.00 OP

TRANSMIT THIS FORM WITH FEE(S)

OTPE JC98
AUG 31 2004

PTO/SB/17 (10-03)
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<h1 style="margin:0;">FEE TRANSMITTAL</h1> <h2 style="margin:0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/047,983
		Filing Date	January 17, 2002
		First Named Inventor	John F. Carver
		Examiner Name	John A. Jeffery
		Art Unit	3742
TOTAL AMOUNT OF PAYMENT (\$) 1,660.00		Attorney Docket No.	1823.0440001

<h3 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check all that apply)</h3> <p> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other** <input type="checkbox"/> None </p> <p> <input checked="" type="checkbox"/> **Charge any deficiencies or credit any overpayments in the fees to Deposit Acct. No. 19-0036. </p> <p> Deposit Account Number: 19-0036 Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C. </p> <p> The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p> <h3 style="text-align: center; margin: 0;">FEE CALCULATION</h3> <div style="border: 1px solid black; padding: 5px;"> <h4>1. BASIC FILING FEE</h4> <table style="width:100%; font-size: x-small;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001 770</td><td>2001 385</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002 340</td><td>2002 170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$) N/A</td> </tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <h4>2. 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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Michelle K. Holoubek	Registration No. (Attorney/Agent)	54,179
Signature	<i>Michelle K. Holoubek</i>	Telephone	(202) 371-2600
		Date	8/31/04

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